

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF PROCUREMENT AND SUPPORT SERVICES
GOAL SETTING VETERAN-OWNED SMALL BUSINESS ENTERPRISE (VSBE)
SOLICITATION REVIEW AND APPROVAL FORM**

ADPICS #: M00R M00 CO	OPASS #: Previous OPASS #:	Solicitation Title:						
Select: <input type="checkbox"/> New Procurement <input type="checkbox"/> Retro/Emergency <input type="checkbox"/> Sole Source <input type="checkbox"/> IGCP <input type="checkbox"/> Option <input type="checkbox"/> Mod								
Administration: Contact Name: Phone:		OPASS Contract Officer Name: Phone:						
Anticipated Dollar Amount (including options):		Anticipated Start Date:						
Incumbent Vendor*: <input type="checkbox"/> Yes <input type="checkbox"/> No Vendor Name: <i>*If incumbent vendor, please attach most recent budget</i>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"> Non-Profit: <input type="checkbox"/> </td> <td style="width: 33%; text-align: center;"> MBE: <input type="checkbox"/> </td> <td style="width: 33%; text-align: center;"> SBR: <input type="checkbox"/> </td> </tr> <tr> <td colspan="2" style="text-align: center;"> VSBE Goal: % </td> <td style="text-align: center;"> Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>	Non-Profit: <input type="checkbox"/>	MBE: <input type="checkbox"/>	SBR: <input type="checkbox"/>	VSBE Goal: %		Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No
Non-Profit: <input type="checkbox"/>	MBE: <input type="checkbox"/>	SBR: <input type="checkbox"/>						
VSBE Goal: %		Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Duration of Contract Base: year(s) Option 1: year(s) Option 2: year(s) Option 3: year(s) Option 4: year(s) Option 5: year(s)								

Goal Explanation/Justification:

Include an explanation and justify your goal. Your goal factors should include available VSBEs who are verified by the Center for Veterans Enterprise of the United States Department of Veterans Affairs (<http://www.vetbiz.gov>).

Recommendation:

- ☐ **Approved as submitted**
☐ **Approved with recommended changes (see comments)**
☐ **Denied:**

- ☐ Stated goal is insufficient. Recommended goal is %.
☐ Failure to include justification for VSBE subcontracting goal.
☐ Other (see comments below)

Reviewed by Procurement Review Group (PRG): _____

MBE Administrator/Liaison: _____ **Date:** _____

Attorney General: _____ **Date:** _____

Director of OPASS: _____ **Date:** _____

Procurement Review Group Member: _____ **Date:** _____

Procurement Review Group Member: _____ **Date:** _____

Procurement Review Group Member: _____ **Date:** _____

Procurement Review Group Member: _____ **Date:** _____

Procurement Review Group Member: _____ **Date:** _____

Note: Submit options with VSBE goals only. Attach original goal justification. Additionally, document total dollars spent with incumbent and total dollar amount with certified MBE subs. If goal is not being met, submit a corrective action plan.

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VSBE SEARCH RESULTS

Categories Subcontractable	Number of Certified Companies in each Category	Estimated Dollar Value	Percentage of Anticipated Award
TOTAL	0	\$0.00	0%